Dental

What does this program do?

Provides payment for dental services for fee for service Medicaid/MC+ recipients.

What is the statutory base?

State: RSMo 208.152, 208.166
Federal: Social Security Act Section 1905(a)(10), Federal Regulation 42 CFR 440.100

Is this a federally mandated program?

No for adults. Yes for children.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	$5.1 mil	$8.1 mil	$0	$13.2 mil
2002	$7.1 mil	$11.3 mil	$0.1 mil	$18.5 mil
2003	$4.3 mil	$8.1 mil	$0.9 mil	$13.3 mil
2004	$2.7 mil	$5.8 mil	$0.9 mil	$9.4 mil*

*Planned budget reduction

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Health Initiative Fund, Healthy Families Trust-Health Care Account

Who is eligible?

Dental services are available to all Medicaid eligibles. Limited benefits are available for General Relief eligibles, Qualified Medicare Beneficiaries (QMBs) and 1115 Waiver Adults. In the regions of the state where MC+ managed care has been implemented, child enrollees have dental services available through the MC+ managed care health plans.
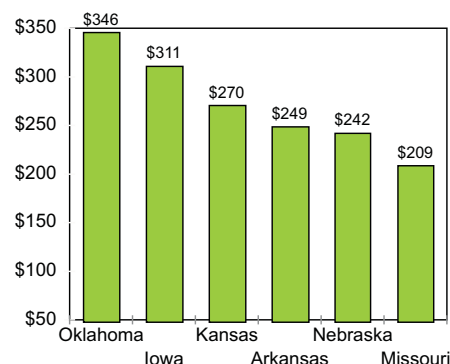
What are the unduplicated recipients using dental services?

SFY-2001	SFY-2002	SFY-2003
47,301	60,927	72,926

How does Missouri compare to surrounding states on Medicaid/MC+ dental expenditures per recipient?

Out of 41 states, Missouri ranked 9th lowest in dental expenditures per recipient. See graph (below) for a comparison to surrounding states.
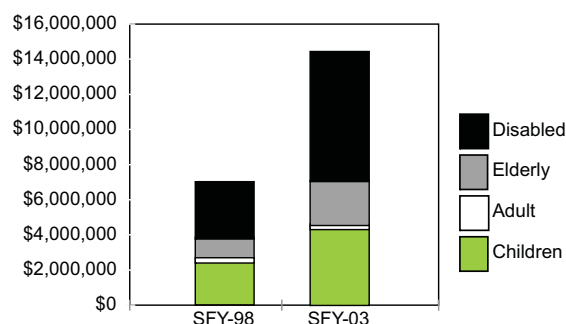

Dental Medicaid/MC+ Expenditures per Recipient* (FFY-2001)

*Based on Center for Medicare and Medicaid FFY-2001 expenditures.

How has the distribution of dental expenditures changed over the last 5 years?

Dental Expenditures Distribution Children, Adults, Elderly & Disabled

The table (below) shows expenditure change over the last 5 years.

	SFY-98	SFY-03	Change
Children	$2.3 mil	$4.4 mil	+$2.1 mil
Adults	$1.7 mil	$6.6 mil	+$4.9 mil
Elderly	$1.2 mil	$2.5 mil	+$1.3 mil
Disabled	$3.2 mil	$7.3 mil	+$4.1 mil